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Bib Data Sheet

CONFIRMATION NO. 9958

<b>SERIAL NUMBER</b> 09/943,115	<b>FILING DATE</b> 08/30/2001 <b>RULE</b>	<b>CLASS</b> 435	<b>GROUP ART UNIT</b> 1645	<b>ATTORNEY DOCKET NO.</b> 524592002100
<b>APPLICANTS</b> Carl Risinger, Uppsala, SWEDEN; Maria Kristina Andersson, Uppsala, SWEDEN; Tommy Lewander, Uppsala, SWEDEN; Erik Olaisson, Bonadsvagen, SWEDEN;				
<b>** CONTINUING DATA *****</b>				
<b>** FOREIGN APPLICATIONS *****</b> UNITED KINGDOM 0021286.0 08/30/2000				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 10/17/2001				
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met <input type="checkbox"/> Allowance		<b>STATE OR COUNTRY</b> SWEDEN	<b>SHEETS DRAWING</b> 2	<b>TOTAL CLAIMS</b> 13
Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials <i>T.O.</i>				<b>INDEPENDENT CLAIMS</b> 6
<b>ADDRESS</b> Bruce D. Grant Morrison & Foerster LLP Suite 500 3811 Valley Centre Drive San Diego, CA 92130-2332				
<b>TITLE</b> Detection of CYP3A4 and CYP2C9 polymorphisms				
<b>FILING FEE RECEIVED</b> 540	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	